



REQUESTOR'S INFORMATION:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE NUMBER: _____ TODAY'S DATE: _____

In the space below please be specific as to what information you are requesting. Include the physical address (street number and name) and/or the parcel identification number (PID #) for the property that you are requesting information on.

[illegible]

COST: _____

Customer Service & Business Center
#2 Civic Center Plaza – 5th Floor
El Paso, Texas 79901
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E-mail: BusinessLicense@elpasotexas.gov